

Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

► See Separate instructions.

A For the period beginning **June 18**, 20 **13** and ending **June 30**, 20 **13**

B Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization **Nathan LaFrance for US Senate** **Employer identification number** **46-2989230**

2 Mailing address (P O Box or number, street, and room or suite number)
5 Mills Ln

City or town, state, and ZIP code
Bella Vista, AR 72714

3 E-mail address of organization **lafrance2014@outlook.com** **4** Date organization was formed **June 18, 2013**

5a Name of custodian of records **Nathan LaFrance** **5b** Custodian's address
5 Mills Ln
Bella Vista, AR 72714

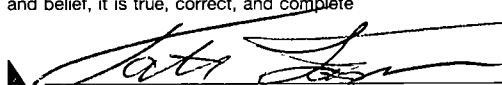
6a Name of contact person **Nathan LaFrance** **6b** Contact person's address
5 Mills Ln
Bella Vista, AR 72714

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
City or town, state, and ZIP code

- 8** Type of report (check only one box)
- a** ☐ First quarterly report (due by April 15)
 - b** ☐ Second quarterly report (due by July 15)
 - c** ☐ Third quarterly report (due by October 15)
 - d** ☐ Year-end report (due by January 31)
 - e** ☒ Mid-year report (Non-election year only-due by July 31)
 - f** ☐ Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
 - g** ☐ Pre-election report (due by the 12th or 15th day before the election)
 - (1) Type of election _____
 - (2) Date of election _____
 - (3) For the state of _____
 - h** ☐ Post-general election report (due by the 30th day after general election)
 - (1) Date of election _____
 - (2) For the state of _____

9 Total amount of reported contributions (total from all attached Schedules A)	9	200.00
10 Total amount of reported expenditures (total from all attached Schedules B)	10	0.00

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature of authorized official  Date **7-31-13**

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



SCANNED AUG 13 2013

Schedule A Itemized Contributions		Schedule A page of
Name of organization		Employer identification number
Nathan LaFrance for US Senate		46-2989230
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
Nathan LaFrance (candidate) 5 Mills Ln Bella Vista, AR 72714	Wal-Mart, Inc.	
	Contributor's occupation	
	Sr. Manager, Energy	\$ 200.00
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	200.00	6/19/13
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872		\$ 200.00

Schedule B Itemized Expenditures

Schedule B page of

Name of organization

Employer identification number**Nathan LaFrance for US Senate****46-2989230**

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872
\$ **0.00**